

IN-HOME SUPPORTIVE SERVICES PROGRAM PUBLIC AUTHORITY/ NONPROFIT CONSORTIUM INVOICE ADMINISTRATIVE COSTS

To: Adult Programs Branch
California Department of Social Services
744 P Street, MS 19-96
Sacramento, CA 95814

FROM:

COUNTY:

ADDRESS:

CONTACT PERSON:

PHONE NUMBER:

()

INTERAGENCY AGREEMENT NUMBER

PUBLIC AUTHORITY/NONPROFIT CONSORTIUM NAME

SERVICE QTR.

PUBLIC AUTHORITY/NONPROFIT CONSORTIUM ADMINISTRATIVE COSTS BY FUNDING SOURCE FOR THE QUARTER:

QTR/FISCAL YEAR _____

FUNDING SOURCE	TOTAL CASES	TOTAL HOURS	ADMIN. EXP.	BENEFITS	TOTAL EXP.
PCSP	_____	_____	_____	_____	_____
Non-PCSP	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____

COST REIMBURSEMENT DETAIL BY FUNDING SOURCE:

FUNDING SOURCE	FEDERAL	STATE/COUNTY	STATE	COUNTY	TOTAL NET EXPENDITURE
PCSP	(51.25%) _____	(48.75%) _____	(65%) _____	(35%) _____	_____
Non-PCSP	_____	_____	(65%) _____	(35%) _____	_____
Total	_____	_____	_____	_____	_____

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program; that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the categorical eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.

I hereby certify under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the categorical eligible; and the provisions of Sections 1070 to 1096, inclusive, of the Government Code; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

Approved by: _____ Date _____
(State IHSS Program Manager)

PA Invoice
Federal/State/County Reconciliation

Base Hourly

		A	B	C
	PCSP	Approved Rate	Hours	Gross Expenditures
1	Total			
2	Admin			
3	Services			
4	Wages			
5	Benefits			
6	Taxes			

		A	B	C
	Non-PCSP	Approved Rate	Hours	Gross Expenditures
7	Total			
8	Admin			
9	Services			
10	Wages			
11	Benefits			
12	Taxes			

		A	B	C	D
	Admin. Total	Federal	State	County	Total
13	PCSP				
14	Residual				
15	Total				

Service Month:

Pass Through

		A	B	C
	PCSP	Pass Through Rate	Hours	Gross Expenditures
16	Total			
17	Admin			
18	Services			
19	Wages			
20	Benefits			
21	Taxes			

		A	B	C
	Non-PCSP	Pass Through Rate	Hours	Gross Expenditures
22	Total			
23	Admin			
24	Services			
25	Wages			
26	Benefits			
27	Taxes			

		A	B	C	D
	Admin. Total	Federal	State	County	Total
28	PCSP				
29	Residual				
30	Total				

Admin. Total

		A	B	C	D
		Federal	State	County	Total
31	PCSP				
32	Residual				
33	Total				

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